Jeffries, Dawn (DEQ)

From:

Jeffries, Dawn (DEQ)

Sent:

Friday, July 08, 2011 9:45 AM

To:

'TRAVIS THOMPSON'

Subject:

Endless Caverns STP, VPDES Permit No. VA0071846, Rockingham County

Dear Mr. Thompson:

Your application has been reviewed and appears to be complete. The next steps involve assembling the information necessary to develop the permit limitations and then drafting the permit. Once the draft permit is prepared and the appropriate reviews are performed, I will transmit the draft permit and supporting documentation to you for review. I expect to have this draft permit package to you within the next 2 weeks.

The Department of Environmental Quality strives to complete the permitting process in a timely manner. If you have any questions about our procedures or the status of your draft permit, please do not hesitate to contact us.

Sincerely,

Dawn Jeffries
Environmental Engineer
DEQ-Valley Regional Office
P.O. Box 3000
Harrisonburg, Virginia 22801
Ph. 540-574-7898
Dawn.Jeffries@deq.virginia.gov

MEMORANDUM

DEPARTMENT OF ENVIRONMENTAL QUALITY

VALLEY REGIONAL OFFICE

4411 Early R	oad - P.O. Box 3000	Harrisonburg, VA 22801
SUBJECT:	Application Errata for VPDES Permit No. VA0071846, Rockingham County	Endless Caverns STP,
TO:	PP File	
FROM:	Dawn Jeffries	
DATE:	July 6, 2011	
The following	g deficiencies were noted in the subject permit reissuance	application:
Sewage Sludg	ge Application Form	
	A.5, A.6, A.7, B.6.b, and B.10 were deficient and correcte sit. Additionally, the VPDES permit number at the top of	
Form 2A		
	3, A.4, A.6, A.8.e, A.9, and A.11 were deficient and correct visit. Additionally, the application was signed by the application	
Item A.10 wa	s not completed, but this information is available at the D	EQ office.
Application A	ddendum	
Items 1, 3, 4,	5, 6, and 8 were deficient and corrected by Travis Thomp	oson during the 7/6/11 site visit.
The deficience defensible dra	ies noted are insignificant and will not affect the preparat oft permit.	ion of a legally and technically
Reviewer Cor	wirrence:	

VPDES Permit Application Addendum 1. Entity to whom the permit is to be issued: Folias fortune (16 Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner. 2. Is this facility located within city or town boundaries? Y/(N)Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point. 3. What is the tax map parcel number for the land where this facility is located? 54(A)634. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? S 4 CNS 5. ALL FACILITIES: What is the design average flow of this facility? Industrial facilities: What is the max. 30-day avg. production level (include units)? In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y/N If "Yes", please specify the other flow tiers (in MGD) or production levels: 20/ 20/ 203 MGD Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years? 6. Nature of operations generating wastewater. Thinks yesterder from in pulk and towned to covers (OC) % of flow from domestic connections/sources Number of private residences to be served by the wastewater treatment facilities: $\chi = 1.49$ 50 or more % of flow from non-domestic connections/sources 7. Mode of discharge: Continuous Intermittent Seasonal Describe frequency and duration of intermittent or seasonal discharges: suggest was trusted in the same within 8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point: A Permanent stream, never dry __Intermittent stream, usually flowing, sometimes dry Ephemeral stream, wet-weather flow, often dry __ Effluent-dependent stream, usually or always dry __Lake or pond at or below the discharge point __ Other:

10. Date that a copy of the application was sent to the Virginia Deptartment of Health? NA

Have there been any changes in your operations or procedures since the above approval dates? Y (N)

Sludge/Solids Management Plan

100 unidime made July 6, 2011. 2.66

9. Approval Date(s).

VAOU 1846 *

VPDES PERMIT NUMBER: | 10466 47)

PDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

- All applicants must complete Section A (General Information).
- Will this facility generate sewage sludge? Yes No

Will this facility derive a material from sewage sludge? __Yes _ANo

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Scwage Sludge).

3. Will this facility apply sewage sludge to the land? _Yes A No

Will sawage sludge from this facility be applied to the land? Yes XNo

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

- a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified __Yes _INo
- Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? _Yes _No
- c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ∠Yes _No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? __Yes _x No

If Yes, complete Section D (Surface Disposal).

VPDES PERMIT NUMBER: Y

All applicants must complete this section.

	ity Information.
a.	Facility name:
b.	Contact person:
	Title:
	Phone: (%) 4
c,	Mailing address:
	Street or P.O. Box: 1800 Endliss Courses D
d.	
	Facility location: Street or Route #: Free State of Free S
*	
ė.	City or Town: Acadest State: Ver Zip. 1864
	Is this facility a Class I sludge management facility? Yes VNo
£	racing design flow rate:
§.	10tal population served:
la.	Indicate the type of facility:
	Publicly owned treatment works (POTW)
	A Privately owned treatment works
	Federally owned treatment works
	Blending or treatment operation
	Surface disposal site
	Other (describe)
Applic a.	cant Information. If the applicant is different from the above, provide the following: Applicant name:
b.	Mailing address:
¢.	City or Fown: State: Zip:
	The state of the s
	Diameter 1
d.	Phone: ()
4.1.	Is the applicant the owner or operator (or both) of this facility?
	X owner A operator
e.	Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
	* facility applicant applicant
	Information.
ā.	Facility's VPDES permit number (if applicable): VA 00.71846
b.	191 911 HID HITH OF AT ABACHMENT All other foderal state of tails in the state of t
	received or applied for that regulate this facility's sewage sludge management practices:
	Permit Number: Type of Permit:
	Lipen resum.

ACILITY NAME			VPDES	PERMIT NUMBER:
	e Map. Provide a topographi) that shows the following in of the facility:	c map or maps (c formation, Maps	W. At have a creaming a sure of a same	
a. Le	cation of all sewage sludge in	anagement facili	tes including tenerious.	where sewage sludge is general
1.04500.00		the control of the co		
b. Le	cation of all wells, springs, at	nd other surface v	vater bodies listed in pub	lic records or otherwise known
an.	applicant within 1/4 mile of	the property bout	idaries.	
treating sev	ng. Provide a line drawing an loyed during the term of the p age sludge, the destination(s duction and vector attraction	erinii inciuding i of all limide see	all street comments are never because in a second	s all sewage sludge processes if lecting, dewatering, storing, or t, and all methods used for
The state of the s				
\$200 P. C.	Information. Are any operation treatment, use or disposal the de the following for each con	TEXECULATION OF THE	a contractor? ∠ Yes 🌉 ditional pages if necessar	No
Mailing add	ress:	e e cueru	- Conficeta ti	201
Street or P.C). Bex;			
City or Tow		Sit	ic Zip:	
Phone: (272			And the state of t
Contractors	Federal, State or Local Perm	it Number(s) app	licable to this facility's se	wage sludge:
If the contra to be provid	ctor is responsible for the use ed to the applicant and the res	and/or disposal o	of the sewage sludge, pro	wide a description of the servic
Pollutant Co for the pollu expected use	ncentrations. Using the table tants which limits in sewage or disposal practices. All da	below or a separ studge have been	ate attachment, provide	sewage sludge monitoring data
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i a <i>c</i> ii	LITY NAME: Codless College VAXX7124
* * * * * * *	supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is to the large the system or those persons.
	accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
	Name and official title Tradit 6 Torque 6 M
	Signature Date Signed Low 27 261/
	Telephone number 546-223

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

FACILITY NAME: ()

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

	otal dry metric tons per 365-day period generated at your facility: dry metric tons
Ar	mount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or
dis	sposal, provide the following information for each facility from which sewage sludge is received. If you receive
501	wage sludge from more than one facility, attach additional pages as necessary.
a.	Facility name: Contact Person
b,	Contact Person:
	Title:
	Phone ()
C.	Mailing address:
	Sugget or P.O. Box
	City or Town State: Zip:
₫, .	Facility Address:
	(not P.O. Box)
e.	Total dry metric tons per 365-day period received from this facility: dry metric tons
ť,	178501106, on this form or on another sheet of paper, any treatment and the
	facility, including blending activities and treatment to reduce pathogens or vector attraction characteristic
	Annual Company of Acres an action characteristic
- 11	
Tre	atment Provided at Your Facility.
a.	White is a second of the secon
	WHICH CHESS OF Dathogen reduction is achieved for the command the Land
	Which class of pathogen reduction is achieved for the sewage sludge at your facility? Class A Class B
b.	Describe, on this form or another sheet of names and tracking
b.	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge.
b.	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge. As a little of the state of
b.	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage studge: Which vector attraction reduction ontion is met for the causes of the course of the causes of the cause of the causes of the causes of the causes of the cause of
	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge Accepted Follows Flore for the sewage sludge at your facility? Which vector attraction reduction option is met for the sewage sludge at your facility? Option 1 (Minimum 38 percent reduction in velocity and the sewage sludge)
	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage studge Active lines for the sewage studge at your facility? Which vector attraction reduction option is met for the sewage studge at your facility? Option 1 (Minimum 38 percent reduction in volatile solids) Option 2 (Anaerobic process, with bench-scale demonstration)
	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage studge. Which vector attraction reduction option is met for the sewage studge at your facility? Option 1 (Minimum 38 percent reduction in volatile solids) Option 2 (Anaerobic process, with bench-scale demonstration) Option 3 (Aerobic process, with bench-scale demonstration)
	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge. Which vector attraction reduction option is met for the sewage sludge at your facility? Option 1 (Minimum 38 percent reduction in volatile solids) Option 2 (Anaerobic process, with bench-scale demonstration) Option 3 (Aerobic process, with bench-scale demonstration) Option 4 (Specific oxygen untake rate for aerobically dispersed aludge)
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	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge. Which vector attraction reduction option is met for the sewage sludge at your facility? Option 1 (Minimum 38 percent reduction in volatile solids) Option 2 (Anaerobic process, with bench-scale demonstration) Option 3 (Aerobic process, with bench-scale demonstration) Option 4 (Specific oxygen uptake rate for aerobically digested sludge) Option 5 (Aerobic processes plus raised temperature) Option 6 (Raise pH to 12 and retain at 11.5)
	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge. Which vector attraction reduction option is met for the sewage sludge at your facility? Option 1 (Minimum 38 percent reduction in volatile solids) Option 2 (Anaerobic process, with bench-scale demonstration) Option 3 (Aerobic process, with bench-scale demonstration) Option 4 (Specific oxygen uptake rate for aerobically digested sludge) Option 5 (Aerobic processes plus raised temperature) Option 6 (Raise pH to 12 and retain at 11.5)
	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge. Which vector attraction reduction option is met for the sewage sludge at your facility? Option 1 (Minimum 38 percent reduction in volatile solids) Option 2 (Anaerobic process, with bench-scale demonstration) Option 3 (Aerobic process, with bench-scale demonstration) Option 4 (Specific oxygen uptake rate for aerobically digested sludge) Option 5 (Aerobic processes plus raised temperature) Option 6 (Raise pH to 12 and retain at 11.5) Option 7 (75 percent solids with no unstabilized solids)
	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge. Which vector attraction reduction option is met for the sewage sludge at your facility? Option 1 (Minimum 38 percent reduction in volatile solids) Option 2 (Anaerobic process, with bench-scale demonstration) Option 3 (Aerobic process, with bench-scale demonstration) Option 4 (Specific oxygen uptake rate for aerobically digested sludge) Option 5 (Aerobic processes plus raised temperature) Option 6 (Raise pH to 12 and retain at 11.5) Option 7 (75 percent solids with no unstabilized solids) Option 8 (90 percent solids with unstabilized solids) None or unknown
e.	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge. Which vector attraction reduction option is met for the sewage sludge at your facility? Option 1 (Minimum 38 percent reduction in volatile solids) Option 2 (Anaerobic process, with bench-scale demonstration) Option 3 (Aerobic process, with bench-scale demonstration) Option 4 (Specific oxygen uptake rate for aerobically digested sludge) Option 5 (Aerobic processes plus raised temperature) Option 6 (Raise pH to 12 and retain at 11.5) Option 7 (75 percent solids with no unstabilized solids) Option 8 (90 percent solids with unstabilized solids) None or unknown
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d.	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: Which vector attraction reduction option is met for the sewage sludge at your facility? Option 1 (Minimum 38 percent reduction in volatile solids) Option 2 (Anaerobic process, with bench-scale demonstration) Option 3 (Aerobic process, with bench-scale demonstration) Option 4 (Specific oxygen uptake rate for aerobically digested sludge) Option 5 (Aerobic processes plus raised temperature) Option 6 (Raise pH to 12 and retain at 11.5) Option 7 (75 percent solids with no unstabilized solids) Option 8 (90 percent solids with unstabilized solids) A None or unknown Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above:
d. Preprone	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge. Which vector attraction reduction option is met for the sewage sludge at your facility? Option 1 (Minimum 38 percent reduction in volatile solids) Option 2 (Anaerobic process, with bench-scale demonstration) Option 3 (Aerobic process, with bench-scale demonstration) Option 4 (Specific oxygen uptake rate for aerobically digested sludge) Option 5 (Aerobic processes plus raised temperature) Option 6 (Raise pH to 12 and retain at 11.5) Option 7 (75 percent solids with no unstabilized solids) Option 8 (90 percent solids with unstabilized solids) None or unknown Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: aration of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and of Vector Attraction Reduction Options 1-8 (FO Sludge)
d. d. Prepi	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: Which vector attraction reduction option is met for the sewage sludge at your facility? Option 1 (Minimum 38 percent reduction in volatile solids) Option 2 (Anaerobic process, with bench-scale demonstration) Option 3 (Aerobic process, with bench-scale demonstration) Option 4 (Specific oxygen uptake rate for aerobically digested sludge) Option 5 (Aerobic processes plus raised temperature) Option 6 (Raise pH to 12 and retain at 11.5) Option 7 (75 percent solids with no unstabilized solids) Option 8 (90 percent solids with unstabilized solids) None or unknown Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: aration of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and of Vector Attraction Reduction Options 1-8 (EQ Sludge).
d. d. Preprone	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge. Which vector attraction reduction option is met for the sewage sludge at your facility? Option 1 (Minimum 38 percent reduction in volatile solids) Option 2 (Anaerobic process, with bench-scale demonstration) Option 3 (Aerobic process, with bench-scale demonstration) Option 4 (Specific oxygen uptake rate for aerobically digested sludge) Option 5 (Aerobic processes plus raised temperature) Option 6 (Raise pH to 12 and retain at 11.5) Option 7 (75 percent solids with no unstabilized solids) Option 8 (90 percent solids with unstabilized solids) None or unknown Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: aration of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and of Vector Attraction Reduction Options 1-8 (FO Sludge)

100		5	28 15 1
FACILITY	NAME: Co	Wash.	Lotters.
	Yes	No.	

	IT NU		

5.	Sale c	or Give-Away in a Bag or Other Container for Application to the Land.
	(Comp	lete this question if you place sewage sludge in a hag or other container for sale or give-away prior to land application. Skip this in if sewage sludge is covered in Question 4.)
	а.	Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility
	b.	Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or
		given away in a bag or other container for application to the land.
ā.	Shipn	nent Off Site for Treatment or Blending.
	(Comp	lete this question if sewage studge from your facility is sent to another facility that provides treatment or blending. This question does by to sewage studge sent directly to a land application or surface dispayal site. This galaxy sets the first provides the contract of the contract
	Wall treatment	The street street will be the street one lacility attach whiteined should be an approximate
	a.	Receiving facility name: $\mathcal{W}(\mathcal{A} \to \mathcal{A})$
	b	Facility contact: All fire 12 Shows False
		Title: facility factors
		Phone: (-2) 13 24 10 5
	· C.	Mailing address:
		Street or P.O. Box: FT Pen 8
		City of Town: 1841. Construction State: VA Zip: 201891
	d.	Total dry metric tons per 365-day period of sewage sludge provided to receiving facility of dry metric tons
	e.	
		List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of
	موفي المامات	all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:
	•	
		100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	ť.	
	х.	Does the receiving facility provide additional treatment to reduce pathogens in sewage studge from your
		Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
		1935 A Martina and Alexander a
		Describe, on this form or another sheet of names any treatment and any and any
	٠	reduce pathogens in sewage sludge: (Free the Account Message at the receiving facility to
	£-	Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the
		Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
		The second transmin to price it reduction in voisible country
		Option 2 (Anaerobic process, with bench-scale demonstration)
		Option 3 (Aerobic process, with bench-scale demonstration)
		Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
		Option 5 (Aerobic processes plus raised temperature)
		Option 6 (Raise pH to 12 and retain at 11.5)
		Option 7 (75 percent solids with no unstabilized solids)
		Option 8 (90 percent solids with unstabilized solids)
		None unknown
		Describe on this form or another should be
		Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge:
	h	Does the receiving facility provide any additional treatment or blending not identified in for g above? Yes No
		If yes, describe on this form or another shart of range the
		If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:
		- Part Control of Land Control of
	İ.	If you answered the C
		If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility

	(Compl	to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530 G. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land?YesNo If yes, provide a copy of all labels or notices that accompany the product being sold or given away. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes?YesNo . If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility. Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported
	k. Land / (Complete a. b.	If yes, provide a copy of all labels or notices that accompany the product being sold or given away. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? Yes No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility. Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. Application of Bulk Sewage Sludge. For the sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; e Question 7.b. c & d only if you are responsible for land application of sewage sludge.) Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:dry metric tons Do you identify all land application sites in Section C of this application? YesNo If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions). Are any land application sites located in States other than Virginia? YesNo
	k. Land / (Complete a. b.	If yes, provide a copy of all labels or notices that accompany the product being sold or given away. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? Yes No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility. Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. Application of Bulk Sewage Sludge. For the sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; e Question 7.b. c & d only if you are responsible for land application of sewage sludge.) Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:dry metric tons Do you identify all land application sites in Section C of this application? YesNo If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions). Are any land application sites located in States other than Virginia? YesNo
	Land / (Complet complet a.	Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? Yes No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility. Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. Application of Bulk Sewage Sludge. Application 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; e Question 7.a, c & d only if you are responsible for land application of sewage sludge.) Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: dry metric tons Do you identify all land application sites in Section C of this application? Yes No If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions). Are any land application sites located in States other than Virginia? Yes No
	Land / (Complet complet a.	used for such purposes? Yes No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility. Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. Application of Buik Sewage Sludge. Application 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; e Question 7.b. c & d only if you are responsible for land application of sewage sludge.) Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:dry metric tons Do you identify all land application sites in Section C of this application?YesNo
	Land / (Complet complet a.	Application of Bulk Sewage Sludge. Application of Bulk Sewage Sludge. Application of Bulk Sewage Sludge. Application 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; e Question 7.b. c & d only if you are responsible for land application of sewage sludge applied to all land application sites: Do you identify all land application sites in Section C of this application? If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions). Are any land application sites located in States other than Virginia? Ves.
	(Complet a. b.	Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. Application of Bulk Sewage Sludge. Application of Bulk Sewage Sludge. Application 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; e Question 7.b., c & d only if you are responsible for land application of sewage sludge.) Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:dry metric tons Do you identify all land application sites in Section C of this application?YesNo If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions). Are any land application sites located in States other than Virginia?YesNo
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	(Complet a. b.	Application of Bulk Sewage Sludge. Application 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; e Question 7.b., c & d only if you are responsible for land application of sewage sludge.) Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:dry metric tons Do you identify all land application sites in Section C of this application?YesNo If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions). Are any land application sites located in States other than Virginia?YesNo
	(Complet a. b.	Application of Bulk Sewage Sludge. Application 7.a if sewage sludge from your facility is applied to the land, onless the sewage sludge is covered in Questions 4, 5 or 6; e Question 7.b., c. & d only if you are responsible for land application of sewage sludge.) Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:dry metric tons Do you identify all land application sites in Section C of this application?YesNo If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions). Are any land application sites located in States other than Virginia?YesNo
	(Complet a. b.	ete Question 7.a if sewage studge from your facility is applied to the land, unless the sewage studge is covered in Questions 4, 5 or 6; e Question 7.b., c & d only if you are responsible for land application of sewage studge.) Total dry metric tons per 365-day period of sewage studge applied to all land application sites:dry metric tons Do you identify all land application sites in Section C of this application?YesNo If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions). Are any land application sites located in States other than Virginia?YesNo
	(Complet a. b.	ete Question 7.a if sewage studge from your facility is applied to the land, unless the sewage studge is covered in Questions 4, 5 or 6; e Question 7.b., c & d only if you are responsible for land application of sewage studge.) Total dry metric tons per 365-day period of sewage studge applied to all land application sites:dry metric tons Do you identify all land application sites in Section C of this application?YesNo If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions). Are any land application sites located in States other than Virginia?YesNo
	(Complet a. b.	ete Question 7.a if sewage studge from your facility is applied to the land, unless the sewage studge is covered in Questions 4, 5 or 6; e Question 7.b., c & d only if you are responsible for land application of sewage studge.) Total dry metric tons per 365-day period of sewage studge applied to all land application sites:dry metric tons Do you identify all land application sites in Section C of this application?YesNo If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions). Are any land application sites located in States other than Virginia?YesNo
	(Complet a. b.	ete Question 7.a if sewage studge from your facility is applied to the land, unless the sewage studge is covered in Questions 4, 5 or 6; e Question 7.b., c & d only if you are responsible for land application of sewage studge.) Total dry metric tons per 365-day period of sewage studge applied to all land application sites:dry metric tons Do you identify all land application sites in Section C of this application?YesNo If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions). Are any land application sites located in States other than Virginia?YesNo
	a. b.	Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:dry metric tons Do you identify all land application sites in Section C of this application?YesNo If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions). Are any land application sites located in States other than Virginia?YesNo
	a. b.	lotal dry metric tons per 365-day period of sewage sludge applied to all land application sites:dry metric tons Do you identify all land application sites in Section C of this application?YesNo If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions). Are any land application sites located in States other than Virginia?YesNo
		Do you identify all land application sites in Section C of this application?YesNo If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions). Are any land application sites located in States other than Virginia?YesNo
		Do you identify all land application sites in Section C of this application?YesNo If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions). Are any land application sites located in States other than Virginia?YesNo
		accordance with the instructions). Are any land application sites located in States other than Virginia? Yes No.
	C.	Are any land application sites located in States other than Virginia? Yes No.
	¢.	Are any land application sites located in States other than Virginia? Ves No
	-	
		If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the
		States where the land application sites are located. Provide a copy of the notification.
		remainded to the action of the adultication.
	₫, -	Attach a copy of any information you provide to the owner or lease holder of the land application sites to
		comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H
		(Examples may be obtained in Appendix IV).
		그들 발생들이 보면 사용을 화면하다 하기 있는 것이 하는 사람들이 가는 사람들이 되었다. 그 사람들이 다른 사람들이 다른 사람들이 다른 사람들이 되었다.
8.	Surface	Disposal. A/A
((Comple	te Question 8 if sewage sludge from your facility is placed on a surface disposal site.)
	3.	1 of all dry metric tons per 365-day period of sewage shide from over facility attack in all size.
	,	All y include tons
ł	b.	Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
		If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send
		Sewage sittings to there than one surface disposal site attach additional paper or page as
	e. 	one name or number:
Ę	đ.	Contact person:
		Title
		Phone: ()
		Contact is: Site Owner Site operator
Ç	or.	Mailing address.
		Street or P.O. Box:
1		City or Town: State: Zip:
i	•	Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal
49		AN VISICIENT TO THE
8	5 ∗ '	List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state as least as the numbers.
		The state of the s
		Philippings and the second sec
		Permit Number: Type of Permit:
}. Ii	mirana	tion of A
	ncinera Camalac	tion. (1997): Question 9 if sewage sludge from your facility is fired in a sewage sludge inclnerator.)

a.	NAME: End less Carence VPDES PERMIT NUMBER: V4 co 7 i Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge
	incinerator: dry metric tons
b.	Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? YesNo
	If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.
c.	Incinerator name or number:
d.	Contact person:
	Title:
	Phone: ()
	Contact is:Incinerator OwnerIncinerator Operator
e.	Mailing address.
	Street or P.O. Box:
	Street or P.O. Box: City or Town: State: Zip:
f.	Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge
	incinerator: dry metric tons
g.	List on this form or an attachment the numbers of all other federal, state or local permits that regulate the
5	firing of sewage sludge at this incinerator:
	Permit Number: Type of Permit:
D '	The state of the s
Disp (Com	osal in a Municipal Solid Waste Landfill. MA plete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for
anah	and a same of a same of the sa
cace	municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one
	cipal solid waste landfill, attach additional pages as necessary.)
	cipal solid waste landfill, attach additional pages as necessary.)
muni	cipal solid waste landfill, attach additional pages as necessary.) Landfill name:
munica.	Landfill name: Contact person:
munica.	Eipal solid waste landfill, attach additional pages as necessary.) Landfill name: Contact person: Title:
munica.	Eipal solid waste landfill, attach additional pages as necessary.) Landfill name: Contact person: Title:
munica.	Eipal solid waste landfill, attach additional pages as necessary.) Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator
munic a. b.	Eipal solid waste landfill, attach additional pages as necessary.) Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator Mailing address.
munic a. b.	Eipal solid waste landfill, attach additional pages as necessary.) Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator Mailing address.
munica. b.	Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator Mailing address. Street or P.O. Box: City or Town: State: Zip:
munic a. b.	Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator Mailing address. Street or P.O. Box: City or Town: State: Zip: Landfill location.
munica. b.	Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator Mailing address. Street or P.O. Box: City or Town: State: Zip: Landfill location. Street or Route #:
munica. b.	Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator Mailing address. Street or P.O. Box: City or Town: State: Zip: Landfill location. Street or Route #: County:
b.	Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator Mailing address. Street or P.O. Box: City or Town: State: Zip: Landfill location. Street or Route #: County: City or Town: State: Zip:
b. c. d.	Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator Mailing address. Street or P.O. Box: City or Town: State: Zip: Landfill location. Street or Route #: County: City or Town: State: Zip: Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: dry metric tons
b.	Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator Mailing address. Street or P.O. Box: City or Town: State: Zip: Landfill location. Street or Route #: County: City or Town: State: Zip: Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: dry metric tons List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the
b. c. d.	Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator Mailing address. Street or P.O. Box: City or Town: State: Zip: Landfill location. Street or Route #: County: City or Town: State: Zip: Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: dry metric tons List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:
b. c. d.	Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator Mailing address. Street or P.O. Box: City or Town: State: Zip: Landfill location. Street or Route #: County: City or Town: State: Zip: Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: dry metric tons List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the
b. c. d.	Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator Mailing address. Street or P.O. Box: City or Town: State: Zip: Landfill location. Street or Route #: County: City or Town: State: Zip: Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: dry metric tons List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:
d.	Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator Mailing address. Street or P.O. Box: City or Town:
b. c. d.	Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator Mailing address. Street or P.O. Box: City or Town:
d.	Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator Mailing address. Street or P.O. Box: City or Town:
d. c. d.	Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator Mailing address. Street or P.O. Box: City or Town:
d.	Landfill name: Contact person: Title: Phone: () Contact is: Landfill Owner Landfill Operator Mailing address. Street or P.O. Box: City or Town: Landfill location. Street or Route #: County: City or Town: State: Zip: Landfill location. Street or Route #: County: City or Town: State: Zip: Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: dry metric tons List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill: Permit Number: Type of Permit: Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill? YesNo Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid
d. c. d. g.	Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator Mailing address. Street or P.O. Box: City or Town: State: Zip: Landfill location. Street or Route #: County: City or Town: State: Zip: Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: dry metric tons List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill: Permit Number: Type of Permit: Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill? YesNo Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? Yes No
d. c. d.	Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator Mailing address. Street or P.O. Box: City or Town: State: Zip: Landfill location. Street or Route #: County: City or Town: State: Zip: Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
d. c. d. g.	Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator Mailing address. Street or P.O. Box: City or Town: State: Zip: Landfill location. Street or Route #: County: City or Town: State: Zip: County: City or Town: State: Zip: County: City or Town: State: Zip: Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: dry metric tons List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill: Permit Number: Type of Permit: Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill? YesNo Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.?YesNo Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? YesNo
d. c. d. g.	Landfill name: Contact person: Title: Phone: () Contact is:Landfill OwnerLandfill Operator Mailing address. Street or P.O. Box: City or Town: State: Zip: Landfill location. Street or Route #: County: City or Town: State: Zip: Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:

FACILITY NAM	E AND	PERMIT	NUMBER:
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Endles GHOOS LLC VA 0071846

Form Approved 1/14/99 OMB Number 2040-0086

BASIC APPLICATION INFORMATION

 								
And the same	PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:							
All t	realment works mus	t complete questions A.	1 through A,8 of th	iis Basic Application Informa	ation packet.			
A.1,	Facility Information	3.	(Production of the Control of the Co		18 Sept. 7			
	Facility name	Endless Caverns, LLC	3		10.00 to 10			
	Mailing Address	1800 Endless Cavern New Market, VA 2284	is Rd					
	Contact person	Travis E Thompson						
	Title	O11						
	Telephone number	(540) 896-9494						
	Facility Address	1800 Endless Caverns						
	(not P.O. Box)	New Market VA 22844				990° (m. 1819° (
A.2.	Applicant Informati	on. If the applicant is diffe	erent from the above	a, provide the following:				
	Applicant name							
	Mailing Address					**************************************		
		depression to the second secon						
	Contact person							
	Title	No. 10 10 10 10 10 10 10 10 10 10 10 10 10			***************************************			
	Telephone number	And the second s						
	Is the applicant the	owner or operator (or bo				Control to delice the control of the		
	owner	operato	or .					
	Indicate whether corre	spondence regarding this	s permit should be d	lirected to the facility or the ap	plicant.			
	facility	applicar						
A.3.	Existing Environmer works (include state-is	ital Permits. Provide the ssued permits).	permit number of a	ny existing environmental per	mits that have been	n issued to the treatment		
į	NPDESVA	DO 718416		Ben				
	ÚIC	\	All the state of t	PSD	W-1/			
i	RCRA			Other	***************************************			
A.4. (Collection System In each entity and, if kno etc.).	formation. Provide information or	mation on municipal n the type of collecti	lities and areas served by the on system (combined vs. sepa	facility. Provide the arate) and its owne			
	Name	Population	on Served	Type of Collection System	n Owne	ership		
ļ	RV Park	600		gravity - separate		ess Caverns, LLC		
	<u></u>		<u> </u>					
	Total popu	lation served			AMMATINE PROPERTY AND A SECOND			

FAC	CILITY NAME AND PERMIT NUMBER:			n Approved 1/14/99 3 Number 2040-0086
A.5.	Indian Country.			
	a. Is the treatment works located in Indian Country?			
	Yes No			
	b. Does the treatment works discharge to a receiving water that is either through) Indian Country?	in Indian Country or th	at is upstream from (and	i eventually flows
	Yes No			-
A.6.	Flow. Indicate the design flow rate of the treatment plant (i.e., the wastew average daily flow rate and maximum daily flow rate for each of the last the period with the 12th month of "this year" occurring no more than three more). Also provide the a 12-month time
	a. Design flow ratemgd			
	Two Years Ago	Last Year	This Year	
	b. Annual average daily flow rate NA			mgd
	c. Maximum daily flow rate			
A.7.	Collection System. Indicate the type(s) of collection system(s) used by the contribution (by miles) of each.	e treatment plant, Ch	eck all that apply. Also	estimate the percent
	Separate sanitary sewer			100
	Combined storm and sanitary sewer			100 %
A.8.	•		A	<u>~~~~</u> %
	Does the treatment works discharge effluent to waters of the U.S.?		,	
	If yes, list how many of each of the following types of discharge points	See Aurord No. 1	Yes Yes	No
	Discharges of treated effluent	ne treatment works us	Ses:	
	Discharges of untreated or partially treated effluent			
	iii. Combined sewer overflow points			
	iv. Constructed emergency overflows (prior to the headworks)		<u>0</u>	
	<u> </u>		0	
	v. Other		<u>Q</u>	
	 Does the treatment works discharge effluent to basins, ponds, or other impoundments that do not have outlets for discharge to waters of the U 	surface S.2	Yes	√ No
	If yes, provide the following for each surface impoundment: Location:		100	Ψ 140
	Annual average daily volume discharged to surface impoundment(s)			The state of the s
	Is discharge continuous or intermittent?	POSTOP PROGRAMMA AND THE PROPERTY OF THE PROPE		mgd
	c. Does the trealment works land-apply treated wastewater?		Yes	√ No
	If yes, provide the following for each land application site:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	146
	Location:			
	Number of acres:			
	Annual average daily volume applied to site:	Mgd		
	Is land application continuous or intermit	ent?		
	d. Does the treatment works discharge or transport treated or untreated w treatment works?	astewater to another	Yes	✓ No

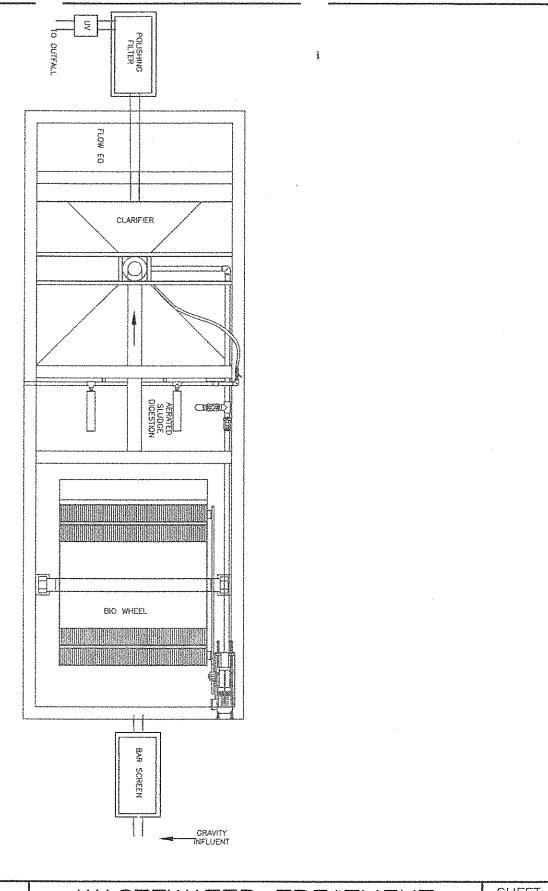
ACILI	TY NAME AND PERMIT NUMBER:	Form Approved 1/14/99 OMB Number 2040-0086					
	If yes, describe the mean(s) by which the wastewater from the tre- works (e.g., tank truck, pipe).	atment works is discharged or transported to the other treatment					
	If transport is by a party other than the applicant, provide:						
	Trongparing						
	Mailing Address:						
,	Contact person:						
	Title:						
	Telephone number:						
	Martina Addenga						
	Contact person:						
	Title:						
	Telephone number						
	If known, provide the NPDES permit number of the treatment work	that receives this discharge.					
	Provide the average daily flow rate from the treatment works into the	e receiving facility. NA mgd					
e.	Does the treatment works discharge or dispose of its wastewater in A.8.a through A.8.d above (e.g., underground percolation, well injection).	a manner not included in tion)? Yes V No					
	If yes, provide the following for each disposal method:	Consideration of the Constitution of the Const					
	Description of method (including location and size of site(s) if applicable):						
	Annual daily volume disposed of by this method:						
	is disposal through this method continuous or	intermittent?					

WASTEWATER DISCHARGES: If you ariswared "yes" to quastion A.3.a, complete questions A.8 through A.12 once for each, outfall (including bypass points) throw which afficient is discharged. Do not include information on combined sever overflows in this section. If you answered "no" to quee A.3.a, go to Part B. "Additional Application Information for Applicans with a Design Flow Greater than or Equal to 0.1 mgd." A.9. Description of Outfall. a. Outfall number D.1 b. Location R.7.33.Approx.1.5 miles South of Rt.11 (City or town, if applicable) R.7.36.3pprox.1.5 miles South of Rt.11 (City or town, if applicable) R.7.36.3pprox.1.5 miles South of Rt.11 (City or town, if applicable) R.7.36.3pprox.1.5 miles South of Rt.11 (City or town, if applicable) R.7.36.3pprox.1.5 miles South of Rt.11 (City or town, if applicable) R.7.36.3pprox.1.5 miles South of Rt.11 (City or town, if applicable) R.7.36.3pprox.1.5 miles South of Rt.11 (City or town, if applicable) R.7.36.3pprox.1.5 miles South of Rt.11 (City or town, if applicable) R.7.36.3pprox.1.5 miles South of Rt.11 (City or town, if applicable) R.7.36.3pprox.1.5 miles South of Rt.11 (City or town, if applicable) R.7.36.3pprox.1.5 miles South of Rt.11 (City or town, if applicable) R.7.36.3pprox.1.5 miles South of Rt.11 (City or town, if applicable) R.7.36.3pprox.1.5 miles South of Rt.11 (City or town, if applicable) R.7.36.3pprox.1.5 miles South of Rt.11 R.7.37.3pprox.1.5 miles South of Rt.11 R.7.38.3pprox.1.5 miles South of Rt.11 R.7.39.3pprox.1.5 miles South of Rt.11 R		Form Approved 1/14/9 OMB Number 2040-00
A.S.a. go to Part B. Additional Application Information for Comments swift a Design Flow Greater than or Equal to 0.1 mgd.** A.S. Description of Outfall. a. Outfall number D. Location R. 1993 Approx 15 miles South of Rt 11 R. 1993 Approx 15		
a. Outfall number D. Location Rt. 793 Asprox 15 miles South of Rt 11 C(City or fown, if applicable) Rockingham R(County) N38 35.963' (Latelude) C. Distance from shore (if applicable) Depth below surface (if applicable) Average daily flow rate I. Does this outfall have either an intermittent or a periodic discharge? Ves No (go to A.9.g.) If yes, provide the following information: Number of times per year discharge occurs: Average duration of each discharge: Average duration of each discharge: Set 0.015-0.0250 Months in which discharge occurs: D. Is outfall equipped with a diffuser? Yes No No 10. Description of Receiving Waters. a. Name of receiving water Smith Creek b. Name of watershed (if known) United States Soil Conservation Service 14-digit watershed code (if known): United States Geological Survey 8-digit hydrologic cataloging unit code (if known): d. Critical low flow for deceiving stream (if applicable): acute of some code.		
b. Location Rt. 193 Approx 1.5 mitters South of Rt 11 1600 Endicts Calver 15 Recult	#1.84 + #15	NAME OF THE OWNER OW
County N36 35 963' (Latitude) (Longitude) C. Distance from shore (if applicable) Depth below surface (if applicable) Average daily flow rate Does this outfall have either an intermittent or a periodic discharge? If yes, provide the following information: Number of times per year discharge occurs: Daily Average duration of each discharge: Average flow per discharge: Daily Average flow per discharge: Pest 0.015-0.0250 Months in which discharge occurs: Daily Average flow per discharge: Daily Average flow per discharge: Pest 0.015-0.0250 No 10. Description of Receiving Waters. A. Name of receiving water Smith Creek D. Name of watershed (if known) United States Soil Conservation Service 14-digit watershed code (if known): United States Geological Survey 8-digit hydrologic cataloging unit code (if known): C. Name of receiving stream (if applicable): acute		منجنسين
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C. Distance from shore (if applicable)	(State)	
c. Distance frem shore (if applicable)		
d. Depth below surface (if applicable) e. Average daily flow rate f. Does this outfall have either an intermittent or a periodic discharge? If yes, provide the following information: Number of times per year discharge occurs: Average duration of each discharge: Average flow per discharge: Average flow per discharge: Boality Average flow per discharge: Average flow per discharge: Boality Average fl		
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d. Critical low flow of receiving stream (if applicable): acute cfs cfs cfs		
acute cfs chronic cfs	aloging unit code (if known):	
——————————————————————————————————————	an i e	
mg/l of CaCO ₃	crionic cfs	
	r applicable): mg/l of CaCO3	•

FACILITY NAME AND PERMIT NUMBER:					***************************************		For OM	m Approved 1/14/99 18 Number 2040-0086
A.11. Description of T	reatment.	······································						
	of treatment as Primary Advanced	re provide	Se	econdary				
N1		. ,		ther. Describe:	\$44,000 mmp., (************************************			
			(as applicable):					
Design BOD _s	Design BOD _s removal <u>or</u> Design CBOD ₅ removal					90-95		
Design SS re	moval				90-	95	%	
Design P rem	oval				A.	-	%	
Design N rem	iovai						%	
Other						**************************************	%	
c. What type of	disinfection is	used for t	the effluent fror	n this outfall? If disir	nfaction varia	c by coosen		
<u>U.V.</u>				or made Controller in Close	HEDHUST YEST	a na season'i	Dease describe.	
If disinfection				ed for this outfall?		✓ Y	es	No
d. Does the trea							es	No
A.12. Effluent Testing parameters. Prov <u>discharged.</u> Do collected through of 40 CFR Part 1: At a minimum, ef	not include in h analysis co 36 and other fluent testin	informatio onducted appropria g data mu	on on combine using 40 CFR ate QA/QC request be based o	equired by the permited sewer overflows Part 136 methods guirements for star on at least three sa	nitting author in this secti . In addition	irity <u>for each</u> ion. All inforn , this data mu	outfail through version reported in ust comply with the complex compl	ta for the following which effluent is must be based on da QA/QC requirements I by 40 CFR Part 136 I one-half years apa
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FACILITY NAME AND PERMIT NUMBER:			Form Approved 1/14/99 OMB Number 2040-0086	
BASIC APPLICAT	ION INFORMAT	TON		
PART C. CERTIFICATION)N	7777		
applicants must complete at	il applicable sections of F omitting. By signing this o	orm 2A, as explained in the A certification statement, apolica	ermine who is an officer for the purposes of this certification. All pplication Overview. Indicate below which parts of Form 2A you unts confirm that they have reviewed Form 2A and have completed	
Indicate which parts of Fo		ited and are submitting:		
Basic Application	on Information packet	Supplemental Application	Information packet:	
		Part D (Expanded	Effluent Testing Data)	
			esting: Blomonitoring Data)	
			User Discharges and RCRA/CERCLA Wastes)	
		Part G (Combined	d Sewer Systems)	
ALL APPLICANTS MUST (COMPLETE THE FOLLO	WING CERTIFICATION.		
who manage the system or	imed personnel properly (those persons directly res omplete. I am aware that	gather and evaluate the inform sponsible for gathering the inf	I under my direction or supervision in accordance with a system nation submitted. Based on my inquiry of the person or persons ormation, the information is, to the best of my knowledge and s for submitting false information, including the possibility of fine	
Name and official title	avís E Thompson			
Signature	12-67hm			
Telephone number (5	40) 896-9494			
Date signed Of	8/23/2011			
Upon request of the permitti works or identify appropriate	ng authority, you must su permitting requirements.	bmit any other information ne	cessary to assess wastewater treatment practices at the treatment	

SEND COMPLETED FORMS TO:





FAX:

BLACKWELL ENGINEERING 566 EAST MARKET STREET HARRISONBURG, VA 22801

(540) 432-9555 (540) 434-7604

E-Mail: BE@BlackwellEngineering.com

WASTEWATER TREATMENT

SCALE NTS

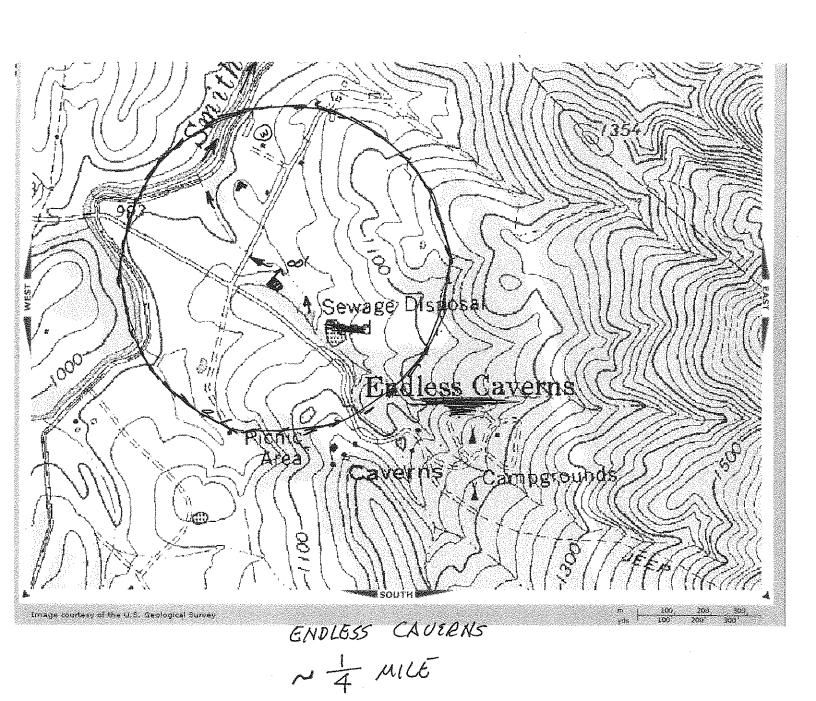
DATE: 4-20-06 **RCB**

DESIGNED BY: DRAWN BY: CHECKED BY: PROJECT #: TWW

RLB III

5711-06

SHEET



Thursday, Apr 20, 2006 07:27 AM

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in Daily News Record in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed:	facunts Receivable
Owner:	
Agent/Department Address:	43 Planpm st, suite 201
	Saratoga Springs NY 1284
Agent's Telephone No.:	(515) U15-0552
Printed Name:	Trais & Thompson
Authorizing Agent – Signature:	1-61G
Date:	July 6, 201)

VPDES Permit No. VA0071846 Endless Caverns STP

VPDES/VPA Permit Billing Information Form for Annual Maintenance Fee

Facility Name:	Enaless Laverns
Permit Number:	VACOT1844
Owner Name:	Frdless Caverns LLC
Owner Address:	UB PHNAM St, Suite 201
	Saratom Sonras NN 128de
8	- Seattly Alling
Billing Contact Name:	Tona Potter
Title:	Acousts Paulde
Phone Number:	(518) WS-0552
E-Mail Address:	tong. potter moramanagement
	con